

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION

IN RE:

CASE NO: 3:08-BK-04242

ARDELL VINCENT PANZRINO
And JEANIE PANZRINO

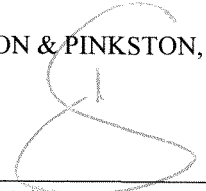
Debtors.

SUGGESTION OF DEATH

The undersigned attorney files this announcement that JEANIE PANZRINO died on November 22, 2010. A copy of the death certificate is attached hereto and by this reference made a part hereof.

I HEREBY CERTIFY that a copy of the foregoing has been furnished to: Douglas W. Neway, Trustee, Post Office Box 4308, Jacksonville, Florida 32202; and to the United States Trustee, Room 620, 135 West Central Boulevard, Orlando, Florida 32801 by mail this 21st day of December, 2010.

PINKSTON & PINKSTON, P.A.

By: 
David J. Pinkston
Florida Bar Number 0985619
Post Office Box 4608
Jacksonville, FL 32201
904/389-5880; FAX 904/389-9957
Attorney for Debtor

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

TYPE IN
PERSONAL
FILE NO.

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Jeanie Panzrino		2. SEX Female	
3. DATE OF BIRTH (Month, Day, Year) December 10, 1953		4. AGE-Last Birthday (Years) 56	
5. UNDER 1 YEAR Months: 11 Days: 22 Hours: 00 Minutes: 00		6. DATE OF DEATH (Month, Day, Year) November 22, 2010	
7. BIRTH-PLACE (City and State or Foreign Country) Tampa, Florida		8. COUNTY OF DEATH Duval	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) 8340 Axson Street		10. FACILITY NAME (If not institution, give street address) 8340 Axson Street	
11. CITY, TOWN, OR LOCATION OF DEATH Jacksonville		12. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Ardell V. Panzrino		14. CITY, TOWN, OR LOCATION Jacksonville	
15. RESIDENCE - STATE Florida		16. COUNTY Duval	
17. STREET ADDRESS 8340 Axson Street		18. APT. NO. 32221	
19. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Homemaker		20. KIND OF BUSINESS/INDUSTRY Own Home	
21. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Is. (Specify) <input type="checkbox"/> Other Hispanic (Specify)		22. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input checked="" type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate	
23. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No		24. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. FATHER'S NAME (First, Middle, Last, Suffix) Kenneth Jones		26. MOTHER'S NAME (First, Middle, Maiden Surname) Edna Miscue	
27. INFORMANT'S NAME Jason Ross		28. RELATIONSHIP TO DECEDENT Son	
29. CITY OR TOWN Jacksonville		30. STREET ADDRESS 9119 Catherine Foster Court	
31. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Jacksonville Crematory		32. LOCATION - CITY OR TOWN Jacksonville	
33. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		34. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
35. NAME OF FUNERAL FACILITY National Cremation and Burial Society		36. FACILITY'S MAILING - STATE Florida	
37. CITY OR TOWN Jacksonville		38. STREET ADDRESS 6940 Atlantic Boulevard	
39. ZIP CODE 32211		40. CERTIFIER: <input checked="" type="checkbox"/> Medical Examiner - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Physician <input checked="" type="checkbox"/> Medical Examiner	
41. SIGNATURE and Title of Certifier Phyllis C. Giles, MD		42. DATE OF DEATH (M/D/Y) 11/22/2010	
43. LICENSE NUMBER of Certifier ME 0055714		44. CERTIFIER'S NAME Jesse C. Giles, MD	
45. CITY OR TOWN Florida		46. STREET ADDRESS 2100 Jefferson Street	
47. SUBREGISTRAR - Signature and Date Phyllis C. Giles, MD		48. DATE FILED BY REGISTRAR (Mo., Day, Yr.) NOV 30 2010	
49. PROBABLE MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined		50. REPORTED TO MEDICAL EXAMINER (Due to CAUSE OF DEATH)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
51. CAUSE OF DEATH - PART I (See instructions on back) IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute Myocardial Infarction		52. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST Morbid Obesity, Chronic Obstructive Pulmonary Disease	
53. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY		54. DATE OF SURGERY (Mo., Day, Yr.)	
55. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		56. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
57. DATE OF INJURY (M/D/Y) 11/22/2010		58. LOCATION OF INJURY - STATE Florida	
59. CITY OR TOWN Jacksonville		60. STREET ADDRESS 2100 Jefferson Street	
61. DESCRIBE HOW INJURY OCCURRED		62. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
63. TRANSPORTATION INJURY, 52a. Status of Decedent <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) 52b. Type of Vehicle <input type="checkbox"/> Car/Minivan <input type="checkbox"/> B.U.V. <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pickup Truck/Cargo Van <input type="checkbox"/> Bus <input type="checkbox"/> Heavy Transport <input type="checkbox"/> Other (Specify)		64. APT. NO. 32221	
65. ZIP CODE 32225		66. ZIP CODE 32211	

VOID IF ALTERED OR ERASED



WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT COPY WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD

NOVEMBER 30, 2010

